

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90081 049 ****61.25

DOCUMENT # 763074

1. Entity Name

MURDOCK BAPTIST CHURCH, INC.

Principal Place of Business

**18375 TOLEDO BLVD
 PORT CHARLOTTE FL 33948**

Mailing Address

**P.O. BOX 0484
 MURDOCK FL 33938
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147569

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, DIANE C
 889 RIVIERA LANE
 PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Diane C Thompson

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1/5/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**VERNON, IVOR
 3205 PELLAM BLVD
 PORT CHARLOTTE FL**

TITLE ☐ Delete

**TR
 HORNER ALLEN
 4394 LIBRARY ST
 PORT CHARLOTTE FL 33948**

TITLE ☐ Delete

**TR
 WEBB, IRVING
 1518 DORCHESTER STREET
 PORT CHARLOTTE FL 33952**

TITLE ☐ Delete

**T
 THOMPSON, DIANE C
 889 RIVIERA LANE
 PORT CHARLOTTE FL 33948**

TITLE ☐ Delete

**S
 BYRD, GIOVANNA
 341 CAPATOLA STREET
 PORT CHARLOTTE FL 33948**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

**Trustee
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☒ Change ☐ Addition

**Trustee
 Blessing, Jack
 18416 YARBROUGH AVE
 PORT CHARLOTTE, FL 33948**

TITLE ☒ Change ☐ Addition

**Trustee
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**Byrd, CARROLL
 341 Capatola Street
 Port Charlotte, FL 33948**

TITLE ☐ Change ☐ Addition

**Trustee
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

TITLE ☐ Change ☒ Addition

**Trustee
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane C Thompson

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/5/01

Date

941-743-5263

Daytime Phone #

0083155

CR2E037 (10/00)